Mail completed form to:

Michigan Department of State Office of the Great Seal 7064 Crowner Drive Lansing, MI 48918



Please check one:					
	Information change (no fee)				
	Duplicate commission certificate (\$10.00 fee)				

MICHIGAN DEPARTMENT OF STATE OFFICE OF THE GREAT SEAL

MICHIGAN NOTARY PUBLIC REQUEST FOR DUPLICATE/NOTICE OF CHANGE

Original informat	ion (Type or print; complete all sec	tions)				
1. Driver's license o	r personal identification card number:		Issuing state:			
2. Name as currently	/ commissioned:					
3. Residence address: (no PO boxes)		City:	State:	Zip:		
4. My current commission expiration date: (month/day/year)						
New information (Complete only those sections that are changing)						
1. Driver's license or personal identification card number:			Issuing state:			
2. Full name (first/m	niddle/last):					
3. New commission (name as it will appear	name: r on documents you notarize)					
4. Residence address: (no PO boxes)		City:	State:	Zip:		
5. E-mail address:						
6. Business address:		City:	State:	Zip:		
7. Telephone numbers: Residence:		Business:				
MCL 15.231, et seq. It	Formation contained on this application form is requesting a duplicate commission certificate ch I understand is a nonrefundable processing	, I am enclosing a check or money ord				
COMMISSIONED NAME:						
INAME:	Clearly print or type your name, as it will appear on documents you notarize.					
SIGNATURE:						
	Sign your name, as it will appear on docume must match your name printed above.	ents you notarize. Your signature				